740-NP-R

42A740-NP-R Department of Revenue



KENTUCKY INCOME TAX RETURN Nonresident—Reciprocal State Kentucky Local State 2014



Last name			Your first name and middle initial		Your Social Security		No.	Did you file a Kent		
				01	0	710		No □. If no, give re	eason:	
Mailing Address (Number and Street including A or P. O. Box)			partment No.	City, town or post office	State	ZIP cod	e			
\top	INSTRUCTIONS									
	This form may be used by qualifying full-year nonresidents to claim a refund of Kentucky income taxes withheld during 2014. To determine if you qualify, you must check "Yes" or "No" for the applicable statements below. <i>If eligible, complete lines 1–7.</i> Enter only the taxpayer's name in which the Kentucky wages and salaries were earned in the name box above. Do not include your spouse's name. If both spouses earned only Kentucky wages and salaries as a resident of a reciprocal state, each spouse must file a separate Form 740-NP-R.									
Ī	A.	I was a nonresident of Kentu	ıcky during all of 2014.				☐ Yes ☐ No			
	B. My only 2014 Kentucky income was from salaries or wages earned while a resident of any of the following states: ☐ Yes ☐ No (circle state(s)) 1—Illinois 2—Indiana 3—Michigan 4—Ohio 5—Virginia 6—West Virginia 7—Wisconsin Note: Race track, lottery and other gambling winnings are not salaries or wages.									
ere	1	<i>r Virginia residents only:</i> I commuted <i>daily</i> to a place	of employment in Kentucky.					☐ Yes	□ No	
Vage and Tax	Name Number and street					_	You must attach Kentucky wage and tax statements.			
loky [City			State	ZIP co	de				
Attach Kentucky Wage and Tax Statements Here	Enter total Kentucky income tax withheld . Do not include local tax withheld. Attach 2014 wage and tax statement(s) ■ 1							- 4		
	2. 3.	Nature and Wildlife Fund Contri □\$10 □\$25 □\$50 □Other Child Victims' Trust Fund Contri	bution 					00	00	
	4.	□\$10 □\$25 □\$50 □Other Veterans' Program Trust Fund C		Enter amount checked	d	• 3		00		
	5.	□\$10 □\$25 □\$50 □Other Breast Cancer Research/Educat □\$10 □\$25 □\$50 □Other		Enter amount checked Contribution Enter amount checked				00		
	6.	Farms to Food Banks Trust Fund	Contribution	Enter amount checked				00		
	7.	From line 1, subtract lines 2, 3,	4, 5 and 6. Am	ount to be REFUNDED				● 7	00	
				14 RETURN FILED WI					'	
I dec	lare un	nder the penalties of perjury that I hav	e examined this	return and to the best of my know	wledge and	belief, it is a t	rue, corr	rect and complete i	return.	
Your Signature			Date Signed			e Signed _	() Telephone Number (daytime)			
Туре	d or Pri	nted Name of Preparer Other than Taxpa		I.D. Number of Preparer Department of Revenue,		Date . KY 40618	-0006			

 $\textbf{Note:} \ \ \text{Nonresidents of reciprocal states who want to prevent their Kentucky employer from withholding Kentucky income}$ $tax\,from\,their\,pay checks\,should\,file\,a\,copy\,of\,Revenue\,Form\,42A809,\,Certificate\,of\,Nonresidence,\,with\,their\,employer.$ The form is available from the employer, the Kentucky Department of Revenue, Frankfort, KY 40620, or by visiting www.revenue.ky.gov